

**INSTRUCTIONS FOR THE FORM CA 800CCR FC1B  
FOSTER CARE AND EXTENDED FOSTER CARE  
OUT-OF-STATE FACILITY REPORT  
FEDERAL**

The CA 800CCR FC1B is to be submitted on a monthly basis as back-up to the CA 800CCR FED and CA 800CCR 18+ FED when there are funds paid to out-of-state foster care facilities. If there are no funds paid to out-of-state facilities for the month, the CA 800CCR FC1B does not need to be completed.

1. The county name and month and year will populate when the Certification form is completed.
2. Column A FACILITY NAME: Enter the facility name.
3. Column B AID CODE: Select the aid code from the list below:
  - 42 (Foster Care)
  - 49 (Extended Foster Care)
4. Column C LOCATION: Enter the state in which the facility is located.
5. Column D PROGRAM NUMBER: This column is blocked. There are no program numbers for out-of-state facilities.
6. Column E PAYMENT TYPE: Enter the payment type listed below:
  - R-Revised
  - C-Current
  - P-Prior
  - O-Original
1. Column F PERSONS COUNT: Enter the number of children placed in the facility.
2. Column G AID PAYMENT: Enter the total amount of aid paid to the facility.
3. The totals for Columns F and G will calculate automatically.